

This Memorandum

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. _____

Carrier No. Doc # 00056

Date 10/25/94

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Laidlaw Environmental Services, Inc.

(Name of carrier)

(SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

TO:

Consignee TAMKO (909) 599-0660

Street 12459 Arrow Highway

City Rancho Cucamonga State CA Zip Code 91739

FROM:

Shipper Douglas Aircraft Company- C6

Street 19503 South Normandie Avenue

City Torrance State CA Zip Code 90502

24 hr. Emergency Contact Tel. No. 1-800-242-9300 (Chemtrec)

Route

Vehicle Number

No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
1 X 20yd ³		Empty metal containers	7210 P.			

PLACARDS TENDERED: YES ☐ NO ☒

REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES
FREIGHT PREPAID ☐ Check box if charges are to be collect
except when box at right is checked

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by Rail Highway Water (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

\$ _____ per _____

Signature _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Douglas Aircraft Company- C6

PER Robert G. Tuell, Jr.

CARRIER Laidlaw Environmental Services, Inc.

PER James Jamming

DATE 10/25/94

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Permanent post-office address of shipper.

STYLE F60 LABELMASTER, Div. of American Labelmark Co., Chicago, IL 60646 312/478-0900

WEIGHT TICKET

VENDOR: Laidlaw GROSS 21320 10.150 P
TRUCK #: 16051 TARE 2940 2940 P
DATE: 10/25/54 NET ~~31470~~ 7210 P
CONTENTS: EMPTY METAL CONTAINERS
DISPOSAL FACILITY: YANKO DRUM COUNT _____
DRIVER: JAMES JENNINGS GALLONS _____

STATE MANIFEST DOCUMENT NUMBER: MA

WEIGHT TICKET

VENDOR: LAIDLAW

GROSS 21322 10 150.

TRUCK #: 14051

TARE 2940

DATE: 10/25/94

NET ~~3103770~~ 7210

CONTENTS: EMPTY METAL CONTAINERS

DISPOSAL FACILITY: TOMKO -

DRUM COUNT

DRIVER: JAMES JENNINGS

GALLONS

STATE MANIFEST DOCUMENT NUMBER: NA

WORK ORDER



221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359

CUSTOMER/ACCT. NO

240120

WORK ORDER NO.

12311

BILLING ADDRESS

SERVICE ADDRESS

DOUGLAS AIRCRAFT
190TH NORMAN AVE
TORRANCE, CA

ORDER DATE	DATE TO BE DONE 10/25/94	CUSTOMER P.O. #	ORDERED BY FRED (IT)	TELEPHONE#	CONTACT PERSON Rob Tuel
REP.	DIV. #	DEPARTMENT	CUSTOMER'S EPA#	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE # 310-5337928

DROP OFF 2-20YD BINS
PLU 1 BIN FOR TAMPCO

DRIVER COMPLETE:

SERVICES PERFORMED DROP OFF 2" Empty 20' yd BIN
AND P/UP ONE 20 yd BIN FWI

START TIME 0700 STOP TIME _____ START MILES 325288 END MILES _____ TRUCK NUMBER 16051 TRAILER NUMBER 16035T
Manifest Number N/A Date Completed 10/25/94 Drivers Name J. Jennings
Comments 16051/35

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature Joe J. Sandoval

PRICING INSTRUCTIONS - DRUMS

Onsite _____ Hrs. @ _____ Per Hr.
 Project Manager _____ Hrs. @ _____ Per Hr.
 First Technician _____ Hrs. @ _____ Per Hr.
 Second Technician _____ Hrs. @ _____ Per Hr.
 Third Technician _____ Hrs. @ _____ Per Hr.
 Fourth Technician _____ Hrs. @ _____ Per Hr.
 Fifth Technician _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.

Sundays, Holidays, and After Hours @ _____ % = _____

CAPITAL COSTS

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

_____ 5 Gal. Cans Liquid @ _____ Each
 _____ 5 Gal. Cans Solid @ _____ Each
 _____ 5 Gal. Cans Lab Packed @ _____ Each
 _____ 55 Gal. Drums Liquid @ _____ Each
 _____ 55 Gal. Drums Solid @ _____ Each
 _____ 55 Gal. Drums Lab Packed @ _____ Each
 _____ Empty 5 Gal. Cans @ _____ Each
 _____ Empty 55 Gal. Cans @ _____ Each

County Tax _____

MATERIALS USED

_____ 5 Gal. Cans @ _____ Each
 _____ 55 Gal. Drums @ _____ Each
 _____ Recovery Drums @ _____ Each
 _____ Bags Vermiculite @ _____ Each
 _____ Bags (Other Describe) @ _____ @ _____ =
 _____ Hazardous Waste Labels @ _____ Each
 _____ Drum Liners @ _____ Each
 _____ Safety Equipment Number of Sets @ _____ =

PRICING INSTRUCTIONS - PUMPING

Compensation _____ Hrs. @ _____ Per Hr.

Washout Fee _____

Dump Fee _____

TOTAL _____